

Case Number:	CM14-0126808		
Date Assigned:	09/16/2014	Date of Injury:	01/08/1997
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old female with an injury date of 01/08/1997. Based on the 07/03/2014 progress report, the patient complains of having persistent cervical spine pain, which she rates as a 7/10 to 8/10. She also reports of having pain which radiates to the arms bilaterally. She has weakness in both hands and has sensory disturbance over the left index finger and right thumb. She rates her right shoulder pain as a 5/10 and indicates that the pain increases when she raises her arms. The 04/22/2014 MRI of the cervical spine revealed a C4-C5 disk injury with mild flattening of the left side of the spinal cord; however, these findings may be old and chronic. The MRI of the lumbar spine from 04/22/2014 revealed moderate to severe canal stenosis at L3-L4 with interval worsening when compared to prior studies. The patient has a left posterolateral osteophyte at L4-L5 combined with a right posterolateral disk protrusion at L5-S1, which may be compromising the S1 nerve root. The 06/18/2014 progress report also indicates that the patient has leg weakness and ongoing pain which causes her to have falling episodes. The patient's diagnoses include the following: 1. chronic low back pain. 2. Degeneration of cervical intervertebral disk. 3. Degeneration of lumbar disk. 4. Patient visit for long-term (current) drug use. The utilization review determination being challenged is dated 08/05/2014. Treatment reports were provided from 01/31/2014 - 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diclofenac sodium 1.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: Based on the 07/03/2014 progress report, the patient complains of having cervical spine pain, right shoulder pain with pain radiating to her arms bilaterally, and persistent lumbar spine pain. The request is for Diclofenac sodium 1.5%. The patient has been taking Diclofenac sodium as early as 02/28/2014. MTUS supports topical NSAIDs for peripheral joint arthritis and tendinitis. This patient does not present with peripheral joint problems. Furthermore, MTUS page 60 and 61 also require that when medications are used for chronic pain, pain and functional changes must be documented. In this case, despite the long term use of Diclofenac, the provider does not mention medication efficacy in terms of pain scales or activities of daily living. Therefore, this request is not medically necessary.